

FILED
U. S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

FEB 12 2020

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

JAMES W. MCCORMACK, CLERK
BY [Signature]
DEP CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS

DIVISION

CASE NO. 4:20-cv-00145-LPR-JTK

Jury Trial: ☐ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: [Crossed out signature]
ADC # _____

Address: _____

Name of plaintiff: CHRISTIAN L. DAMIAN KNIGHT
ADC # _____

Address: _____

Name of plaintiff: _____
ADC # _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: SALINE CO Sheriff Det. Act.

Position: Detention Facility~~Place of employment:~~ 735 South NeelyAddress: Benion AR 72015Name of defendant: TURN Key HealthcarePosition: Health Care ProviderSALINE County Detention fac.

-4-

This case assigned to District Judge Rudofsky
and to Magistrate Judge Kearney

Place of employment: SALINE County Detention fac.
Address: 735 SOUTH NEELEY BURTON AR
Name of defendant: ALL NURSES REGARDING MY
Position: MEDICAL CASE 72015

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

II. Are you suing the defendants in:

- ☒ official capacity only
☐ personal capacity only
☐ both official and personal capacity

III. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No X

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county): _____

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: Saline County Detention Inc
735 South Neekley Benton AR 72015

V. At the time of the alleged incident(s), were you:
 (check appropriate blank)

☒ in jail and still awaiting trial on pending criminal charges

☐ serving a sentence as a result of a judgment of conviction

☒ in jail for other reasons (e.g., alleged probation violation, etc.)
 explain: Probation violation / 90 days // Completed
Now awaiting ~~more~~ more felony charge

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No ☐

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes ☒ No ☐

If not, why?

No further Appeal Process Allowed

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Since my IN CARCERATION HERE I have files APPROX 30 Sick calls AND REQ/GEDANCES concerning my Medical AND Mental Health History with meal requirements Allergy AND Rx for medications with numerous Denials AND outright refusal to list or even check for my Mental Health history.

causing undue stress AND mental suffering AND physical pain ALSO 20 POUNDS of weight loss AS OF TO DAY from my INTAKE 186 LBS to 159.9 LBS

Due to Dietary Restrictions. All Responses to Sheriff's ABOUT MEALS ARE DENIED with statements that all MEALS are the SAME (fictionous) ...

I suffer from ADHD, PTSD,
Bipolar schizoaffective Disorder, with
Multiple Institutional Records, and Multiple
Doctors verifying Both mental and
Physical Chronic and Acute Ailments,
Hypoglycemia and Intestinal,
Malfunctions, Stasis Colon Polyps and
Weight loss due to Caloric Dietary Restrictions

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

~~Force~~ force Saline County to provide
Medical/Mental Health or release
me on Own Recognition to get
proper treatment AND Compensation

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this ____ day of _____, 20____.

Signature(s) of plaintiff(s)

For Pain/suffering Mental/Physical
Due to lack of ADEQUATE Health CARE
Here. At this facility. I've
TRIED TO SPEAK with facility medical
AND STAFF Numerous Times. and
Become threatened with Isolation
As Response to my AGGRAVATION with
Constant Denial to Health Care concerns!
Approx 7 1/2 months to date
Monetary Damages ARE TO BE DISCUSSED
After TRIAL.

A

02/03/2020 12:42:56 Christian Knight 113013 A sick call ibuprofen **Response by:** Nurse

Response date: 02/03/2020 16:38:45

Inmate Read Comment:

Comment: you will be seen in sick call -SS,LPN

Apap -refuses Apap

CityTeleCoin Video Manager

A

02/02/2020 12:29:14Christian Knight113013Astill no pooping ,, stomach pain, no more fiber pills exxxxxx laxxxxxxx
please

Response by: Nurse

Response date: 02/02/2020 16:22:15

Inmate Read Comment:

Comment:you will be seen in sick call -SS,LPN

Colorectal 200ms
13013 x 140ms


01/29/2020 12:06:17 Christian Knight 113013 Astill not pooping, and naprox sucks can i get ibuprophen
Nurse

Response date: 01/30/2020 08:53:22

Inmate Read Comment:

Comment: You will be seen at sick call tomorrow. -MM, LPN

159.9

MOM

A

01/27/2020 16:35:06Christian Knight113013Aim expriencing exsessive weight loss and abdominal pain.could i please be put on sick call list

Response by: Nurse

Response date: 01/27/2020 16:57:48

Inmate Read Comment:

Comment:you will be seen in sick call -SS,LPN

provider- fiber lax
stool softer- longer than 3 days

01/22/2020 17:38:08Christian Knight113013Aare you going to see me about my abdominal pain inside my intestins and weight loss
Response by: Nurse

Response date: 01/23/2020 06:38:58

Inmate Read Comment:

Comment:Your sick call has been scheduled. Trobison, LPN

cut to 17080. (patch)

01/18/2020 09:25:54 Christian Knight 113013 Ai need to get ibuprofen for my shoulder and neck please
Nurse

Response date: 01/18/2020 16:52:52

Inmate Read Comment:

Comment: you will be seen in sick call -SS,LPN

provider- Naproxen
500mg bid
x 30 days

01/19/2020 17:38:32 Christian Knight 113013A medical records as to on going and past medical conditions and needs. Medical has even refused to. Check with turn key accumulated records at Pulaski county or Arkansas state hospital California state hospital (Patton) or Arkansas department of correction medical. Stating that it doesn't apply nor is necessary in my case. I have ongoing chronic and acute ailments, which you have continued. To intentionally neglect, while I'm here at this jail, denied is my response always **Response by:** Nurse

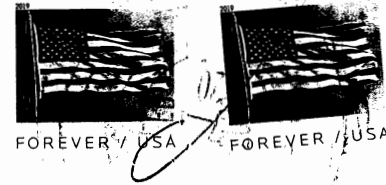
Response date: 01/20/2020 16:41:04

Inmate Read Comment:

Comment: You put in an issue, you were seen in sick call. You tried to continue on about different issues and that's not how it works. You can only be seen for one issue per day per sick call. -SS, LPN

THIS IS JUST ONE OF THE
DENIAL RESPONSES SINCE I'VE BEEN HERE
IN SALINE CO JAIL AND I AM
BEING REFUSED NOTARY PUBLIC SERVICES
ALSO FOR THIS AND COPIES OF MY ACCOUNTS
TO SEND TO YOU! I AM BROKE
I OWE 105.00 FOR MEDICAL SICK CALLS
AND THEY STILL HAVEN'T GOT MY MEDICAL
RECORDS NOR HAVE MY MENTAL HEALTH
BEEN TAKEN CARE OF EITHER.

CHRISTIAN L. KNIGHT #113013
735 S. NEELEY
BENTON AR.
72015



PRO SE Clerk
600 WEST Capitol AVE
Room A 149
Little Rock AR 72201